

## **INFORMATIONAL LETTER NO. 2040-MC-FFS**

**DATE:** August 27, 2019

**TO:** Iowa Medicaid Hospitals, Physicians, Community Mental Health

Centers, Psychologists, Advanced Registered Nurse Practitioners

(ARNP), Area Education Agencies (AEAs), Local Education Agencies (LEA), Infant and Toddler Program, Behavioral Health Intervention Service (BHIS) and Behavioral Health Service

**Providers** 

**APPLIES TO:** Managed Care (MC) and Fee-for-Service (FFS)

**FROM:** Iowa Department of Human Services (DHS),

Iowa Medicaid Enterprise (IME)

**RE:** Psychological and Neuropsychological Testing Codes Update

**EFFECTIVE:** January 1, 2019

\*\*\*\*This letter replaces Informational Letter 1994-MC-FFS\*\*\*\*

The new current procedural terminology (CPT®) codes have been released with changes in 2019 to include new CPT codes 96130 - 96139, and guidelines added for psychological and neuropsychological testing. Effective January 1, 2019, procedure codes 96101, 96102, 96103, 96118, 96119, and 96120 are no longer valid for psychological and neuropsychological testing under the Iowa Medicaid FFS and MC programs. Healthcare Common Procedure Coding System (HCPCS) codes 90791, 96116, 96121, and 96130 through 96139 should be billed for dates of service on or after January 1, 2019. Please note that no changes have been made to CPT code 90791.

This letter is intended to provide the corrected rate conversions for the codes listed below. These procedure codes and corresponding rates have been updated in the FFS claims payment system. The procedure codes and rates are effective for dates of service beginning January 1, 2019. The IME and the MCOs will reprocess paid claims that were paid at the incorrect rates.

## Psychological and Neuropsychological Testing includes:

**90791** Psychiatric diagnostic evaluation. This service includes a comprehensive diagnostic evaluation of psychological and psychosocial conditions and is performed prior to psychological evaluation and test administration and scoring services. This code may be used for a reassessment or it can be used more than once for an initial assessment if more time is required. There is no time range for this code.

**96116** Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgement, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour

**96121** Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgement, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; Each additional hour (List separately in addition to code for primary procedure).

**96130** Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour.

**96131** Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour.

**96132** Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour.

**96133** Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour.

**96136** Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method: first 30 minutes.

**96137** Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure).

**96138** Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes.

**96139** Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes.

Codes for Dates of Service on or before 12/31/2018 Psychological Testing				Codes for Dates of Service on or after 01/01/2019 Psychological Testing		
Service Code	Billing Unit	Rate	Service Code	Billing Unit	Rate	
96101	Hour	\$61.51	96130	Hour	\$61.51	
			96131	Hour	\$61.51	
			96136	30 Minutes	\$30.76	
			96137	30 Minutes	\$30.76	
96102	Hour	\$61.51	96130	Hour	\$61.51	
			96131	Hour	\$61.51	
			96138	30 Minutes	\$30.76	
			96139	30 Minutes	\$30.76	
90791	Encounter	\$103.04	90791	Encounter	\$103.04	
Codes for Dates of Service on or before 12/31/2018 Neuropsychological Testing			Codes for Dates of Service on or after 01/01/2019 Neuropsychological Testing			
Service Code	Billing Unit		Service Code	Billing Unit		
96118	Hour	\$61.51	96132	Hour	\$61.51	
			96133	Hour	\$61.51	
			96136	30 minutes	\$30.76	
			96137	30 minutes	\$30.76	

96119	Hour	\$61.51	96132	Hour	\$61.51
			96133	Hour	\$61.51
			96138	30 Minutes	\$30.76
			96139	30 Minutes	\$30.76
96116	Hour	\$61.51	96116	Hour \$61.51	
			96121	Hour	\$61.51

CMHC Alternative Payment Methodology Rate Conversions. CMHCs that continue to file a cost report are reimbursed at the alternative fee schedule rate with year-end cost settlement.

Codes for Dates of Service on or after 01/01/2019 Psychological Testing					
Service Code	Billing Unit	Alt. Payment Rate	Service Code	Billing Unit	Alt. Payment Rate
90791	Encounter	\$102.02	90791	Encounter	\$102.02
90791 AF	Encounter	\$279.20	90791 AF	Encounter	\$279.20
90791 HO	Encounter	\$149.57	90791 HO	Encounter	\$149.57
90791 HP	Encounter	\$204.91	90791 HP	Encounter	\$204.91
90791 SA	Encounter	\$196.50	90791 SA	Encounter	\$196.50
90791 U1	Encounter	\$111.54	90791 U1	Encounter	\$111.54
90791 U2	Encounter	\$196.50	90791 U2	Encounter	\$196.50
90791 U3	Encounter	\$149.57	90791 U3	Encounter	\$149.57
96101	Hour	\$64.99	96130	Hour	\$64.99
96101 HP	Hour	\$183.48	96130 HP	Hour	\$183.48
			96131	Hour	\$64.99
			96131 HP	Hour	\$183.48
			96136	30 Minutes	\$32.50
			96136 HP	30 minutes	\$91.74
			96137	30 Minutes	\$32.50
			96137 HP	30 Minutes	\$91.74

96102	Hour	\$62.52	96130	Hour	\$64.99
			96131	Hour	\$64.99
			96138	30 Minutes	\$32.50
			96139	30 Minutes	\$32.50
96116	Hour	\$62.52	96116	Hour	\$62.52
			96121	Hour	\$62.52
96118	Hour	\$62.52	96132	Hour	\$64.99
			96133	Hour	\$64.99
			96136	30 minutes	\$32.50
			96137	30 minutes	\$32.50
96119	Hour		96132	Hour	\$64.99
			96133	Hour	\$64.99
			96138	30 Minutes	\$32.50
			96139	30 Minutes	\$32.50

When completing psychological testing procedures for the purposes of diagnosing an intellectual disability, providers are to use the U4 modifier in addition to the procedure code on the claim for payment.

For time-based codes, the CPT code set states that the following standards shall apply to time measurement: A unit of time is attained when the mid-point is passed. This means:

- A minimum of 16 minutes must be provided for 30-minute codes (Two 30-minute units can be billed when 46 minutes of service is provided).
- A minimum of 31 minutes must be provided for 60-minute codes (A second hour is attained when a total of 91 minutes of service is provided).

## Site of Service (SoS) Differential

For information regarding the application of SoS payment differentials, please refer to Informational Letters No 1815-MC-FFS¹ and 1880-MC-FFS².

<sup>&</sup>lt;sup>1</sup> https://dhs.iowa.gov/sites/default/files/1815-MC-

FFS SiteofService SoS Differential Clarification.pdf?030620192023

<sup>&</sup>lt;sup>2</sup> https://dhs.iowa.gov/sites/default/files/1880-MC-

FFS\_SiteOfServiceDifferentialUpdates.pdf?030620192024

The IME appreciates your continued partnership as we work to improve the claim processing service quality and accuracy. If you have questions, please contact the IME Provider Services Unit at 1-800-338-7909 or email at <a href="mailto:imeproviderservices@dhs.state.ia.us">imeproviderservices@dhs.state.ia.us</a>.